

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL**

SUBJECT: Lymphedema Pump	Protocol #: PA P191.00 Total Pages: 2 Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Initial Effective Date: June 1999 Latest Review Date: May 2002
APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input checked="" type="checkbox"/>	
MIHS HEALTH PLANS APPROVALS: Director, Medical Management: _____ Date: _____ Medical Director: _____ Date: _____	

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Lymphedema Pump.

PROTOCOL:

- A. The prior-authorization specialist may approve if the following are present:
1. Intractable lymphedema of one or more extremities **and**
 2. Failure of less intensive treatments have been documented so that this is the treatment of last resort.
 3. The cause of the lymphedema is **ONE** of the following medical conditions:
 - a) Spread of malignant tumor with lymphatic obstruction,
 - b) Radical surgery with removal of regional lymph nodes (*e.g.* radical mastectomy),
 - c) Post-radiation fibrosis,
 - d) Filariasis,
 - e) Post-inflammatory thrombosis with scarring of lymphatic channels,
 - f) Congenital lymphedema,
 - g) Essential lymphedema (Milroy's Disease) **and/or**
 - h) Refractory edema from venous insufficiency and lymphatic obstruction, *i.e.* recurrent cellulitis, significant ulceration of lower extremity(ies).
- AND--**
4. The physician must specify all of the following:
 - a) The pressure setting to be used,
 - b) Whether the pressure will be segmental or non-segmental pneumatic compression **and**
 - c) Physician must provide evaluation and oversight.

- B. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.
- C. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.
- D. If requirements are not met, Medical Director review is required.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.